

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation    )  
Against:                                    )**

**STEPHEN KAO LIU, M.D.                    )**

**Case No. 800-2015-014954**

**Physician's and Surgeon's            )  
Certificate No. A50939                 )**

**Respondent                                 )  
\_\_\_\_\_                                    )**

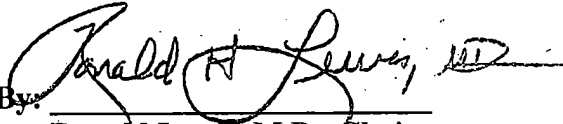
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on November 16, 2018.**

**IT IS SO ORDERED October 17, 2018.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
**Ronald Lewis, M.D., Chair  
Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CHRIS LEONG  
Deputy Attorney General  
4 State Bar No. 141079  
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5 300 So. Spring Street, Suite 1702  
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*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 STEPHEN KAO LIU, M.D.  
13 1552 Coffee Road, Suite 201  
Modesto, CA 95355

14 Physician's and Surgeon's Certificate No.  
15 A 50939

16 Respondent.  
17

Case No. 800-2015-014954

OAH No. 2018050896

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California (Board). She brought this action solely in her official capacity and is represented in  
23 this matter by Xavier Becerra, Attorney General of the State of California, by Chris Leong,  
24 Deputy Attorney General.

25 2. Stephen Kao Liu, M.D. (Respondent) is represented in this proceeding by attorney  
26 Peter R. Osinoff, whose address is: Bonne, Bridges, Mueller, O'Keefe & Nichols, 355 South  
27 Grand Avenue, Suite 1750, Los Angeles, California 90071.

28 ///

3. On June 30, 1992, the Board issued Physician's and Surgeon's Certificate No. A 50939 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-014954, and will expire on January 31, 2020, unless renewed. Effective May 6, 2016, Respondents license was publicly reprimanded in Case No. 08-2012-225965, for negligently allowing medical task, including starting IV lines and removing perm catheters, to be performed by personnel in his facility without adequate training, credentials or demonstrated competency. He also improperly stored medical supplies in unlocked cabinets including drugs, syringes and needles.

## JURISDICTION

4. Accusation No. 800-2015-014954 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 19, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-014954 is attached as Exhibit A and is incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-014954. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a prima facie case with respect to the charges and allegations contained in Accusation  
4 No. 800-2015-014954, and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that his Physician's and Surgeons Certificate is subject to  
6 discipline and he agrees to be bound by the Board's terms as set forth in the Disciplinary Order  
7 below.

8 11. Respondent agrees that if the Board ever takes action pursuant to the Order below, all  
9 of the charges and allegations contained in Accusation No. 800-2015-014954, shall be deemed  
10 true, and correct and fully admitted by respondent for purposes of that proceeding or any other  
11 licensing proceeding involving Respondent in the State of California.

12 CONTINGENCY

13 12. This stipulation shall be subject to approval by the Medical Board of California.  
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
15 Board of California may communicate directly with the Board regarding this stipulation and  
16 settlement, without notice to or participation by Respondent or his counsel. By signing the  
17 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
18 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
19 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
21 action between the parties, and the Board shall not be disqualified from further action by having  
22 considered this matter.

23 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
25 signatures thereto, shall have the same force and effect as the originals.

26 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following  
28 Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 50939 issued to Respondent Stephen Kao Liu, M.D. is publicly reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand is issued in connection with Respondent's actions as set forth in Accusation No 800-2015-014954.

IT IS FURTHER ORDERED that Respondent comply with the following:

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for the first year after the effective date of this Decision. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this Decision.

2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
7 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
8 program approved in advance by the Board or its designee. Respondent shall successfully  
9 complete the program not later than six (6) months after Respondent's initial enrollment unless  
10 the Board or its designee agrees in writing to an extension of that time.

11 The program shall consist of a comprehensive assessment of Respondent's physical and  
12 mental health and the six general domains of clinical competence as defined by the Accreditation  
13 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
14 Respondent's current or intended area of practice. The program shall take into account data  
15 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
16 Accusation(s), and any other information that the Board or its designee deems relevant. The  
17 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
18 than five (5) days as determined by the program for the assessment and clinical education  
19 evaluation. Respondent shall pay all expenses associated with the clinical competence  
20 assessment program.

21 At the end of the evaluation, the program will submit a report to the Board or its designee  
22 which unequivocally states whether the Respondent has demonstrated the ability to practice  
23 safely and independently. Based on Respondent's performance on the clinical competence  
24 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
25 scope and length of any additional educational or clinical training, evaluation or treatment for any  
26 medical condition or psychological condition, or anything else affecting Respondent's practice of  
27 medicine. Respondent shall comply with the program's recommendations.

28 Determination as to whether Respondent successfully completed the clinical competence

1 assessment program is solely within the program's jurisdiction.

2 4. If Respondent fails to enroll, participate in, or successfully complete the clinical  
3 competence assessment program within the designated time period, Respondent shall receive a  
4 notification from the Board or its designee to cease the practice of medicine within three (3)  
5 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
6 until enrollment or participation in the outstanding portions of the clinical competence assessment  
7 program have been completed. If the Respondent did not successfully complete the clinical  
8 competence assessment program, the Respondent shall not resume the practice of medicine until a  
9 final decision has been rendered on the accusation.

10 VIOLATION OF THIS AGREEMENT.

11 Failure to fully comply with any term or condition of this agreement is unprofessional  
12 conduct.

13 ACCEPTANCE

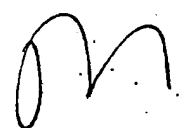
14 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
15 discussed it with my attorney, Peter R. Osinoff. I understand the stipulation and the effect it will  
16 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
17 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
18 Decision and Order of the Medical Board of California.

19  
20 DATED: 9-8-18

  
21 STEPHEN KAO LIU, M.D.  
Respondent

22 I have read and fully discussed with Respondent Stephen Kao Liu, M.D. the terms and  
23 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
24 I approve its form and content.

25  
26 DATED: 9/11/18

  
27 PETER R. OSINOFF  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 9/11/2018

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General



CHRIS LEONG  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2015-014954**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
CHRIS LEONG  
3 Deputy Attorney General  
State Bar No. 141079  
4 California Department of Justice  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO December 19, 2017  
BY: [Signature] ANALYST

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 800-2015-014954

11 STEPHEN KAO LIU, M.D.

**ACCUSATION**

12 1552 Coffee Road, Suite 201  
13 Modesto, California 95355

14 Physician's and Surgeon's Certificate No. A 50939,  
15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California (Board).

21 2. On June 30, 1992, the Board issued Physician's and Surgeon's Certificate No.  
22 A50939 to Stephen Kao Liu, M.D. (Respondent). That license was in effect at all times relevant  
23 to the charges brought herein and will expire on January 31, 2020, unless renewed.

24 **JURISDICTION**

25 3. This Accusation is brought before the Board under the authority of the following  
26 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
27 indicated.  
28

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2051 of the Code states:

“The physician’s and surgeon’s certificate authorizes the holder to use drugs or devices in or upon human beings and to sever or penetrate the tissue of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions.”

6. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“ . . .

“(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

“ ”

## BACKGROUND

7. On or about June 26, 2015, Patient A<sup>1</sup> (Patient) presented to Respondent's outpatient Interventional Radiology Center in Modesto, California for a left lower extremity arteriogram and intervention for a thrombosed left lower extremity bypass graft, originally placed

<sup>1</sup> Patient A is used in lieu of initials in order to protect patient privacy.

1 in 2007. Patient A had an extensive medical history including a renal transplant, diabetes, right  
2 leg amputation, and multiple revascularization procedures, including prior thrombectomies of the  
3 left lower extremity graft. Patient A reportedly had pain both at rest and with activity, and had a  
4 cold left leg prior to and immediately before the procedure. In order to improve blood flow in  
5 Patient A's left leg, Respondent performed an arteriogram, angioplasty, tPA administration,  
6 atherectomy, and stent placement within the left lower extremity, including an attempt to  
7 revascularize the native superficial femoral artery. Images show an initially thrombosed femoral  
8 artery to popliteal bypass graft and deep femoral artery. Further images show balloons inflated in  
9 various parts of the graft and native arteries. Final images show flow through a patent common  
10 femoral artery (CFA), bypass graft and peroneal and anterior tibial arteries. The deep femoral  
11 artery appeared occluded shortly beyond its origin.

12 8. After the procedure, a nurse noted Patient A's foot was cold. Respondent also  
13 assessed Patient A post procedure and found the foot to be cold, both two (2) and four (4) hours  
14 post procedure. Respondent recommended to Patient A that she travel to the ER of U.C. Davis, in  
15 Davis, California. Patient A was then driven by the companion two hours to U.C. Davis Medical  
16 Center ED, where she was assessed by an ED physician and Vascular Surgery. She was taken to  
17 the operating room where she underwent surgery which included a left leg, above-the-knee,  
18 amputation, and a deep femoral artery thrombectomy.

19 9. The standard of care for an interventional radiologist when performing an  
20 intervention is to recognize complications and to take appropriate steps to manage them. The  
21 post procedural period, in this case, was very complex. Although Patient A's foot was reportedly  
22 cold and painful immediately post procedure, it can take some time for the foot to warm, and pain  
23 could be caused by reperfusion. However, it is clear that two to four hours after the procedure,  
24 Respondent recognized that Patient A's leg had not improved, was worsening, and that further  
25 care was needed. Thus, when it became clear to Respondent that the foot was not improving, he  
26 recommended that Patient A seek more treatment.

27 10. The records of Respondent's care of this patient are inadequate in that they do not  
28 state whether Patient A's clinical status post procedure was worse than before the procedure. A

1 post procedure pulse examination was lacking which would have helped in determining Patient  
2 A's clinical status. Patient A reported to the U.C. Davis ER physician that the pain began after  
3 the procedure and steadily worsened, which indicates that Patient A rethrombosed her bypass  
4 graft and deep femoral artery (source of collateral flow) immediately. This should have been  
5 recognized by Respondent. However, Respondent's documentation for this patient was  
6 inadequate and sparse. The medical records lack documentation of the change in Patient A's  
7 status post procedure, the discussion with Patient A leading up to the discharge from his center,  
8 and Patient A's disposition.

9 11. Respondent discharged Patient A to her own care directly from his center instead  
10 of calling Emergency Medical Services (EMS) which indicates that Respondent failed to  
11 recognize the gravity of what was occurring. His conduct did not ensure that Patient A would be  
12 attended continuously until definitive treatment was given.

13 12. Patient A arrived at U.C. Davis ED at approximately 8:00 P.M., two hours after  
14 Patient A was discharged from Respondent's center. Had the process of discharge and transfer  
15 occurred earlier, it is possible that the outcome could have been different.

16 13. Respondent failed to communicate with the U.C. Davis ER ahead of Patient A's  
17 arrival. Respondent gave Patient A a CD of the procedure, a copy of the medical records, and his  
18 phone number, as an attempt of communicating with the U.C. Davis ER personnel regarding the  
19 events that occurred at Respondent's center. However, Respondent failed to telephone U.C.  
20 Davis to give a verbal report on Patient A and to provide a more informative transition and  
21 preparation for continued care. In expecting the practitioners at U.C. Davis to call Respondent to  
22 gain more information, Respondent improperly sought to shift his responsibility to provide  
23 needed information about Patient A to the staff at U.C. Davis.

24 14. Respondent failed to maintain documentation regarding the change in Patient's  
25 status post procedure, the discussion leading up to the discharge from his center, and Patient A's  
26 disposition. He stated that he was not sure if he documented these events; and if he did, he sent  
27 them with Patient A, and they were since lost. Documentation of a change in Patient A's clinical  
28 status was lacking and was needed for continuity of care. Also, documenting Patient A's

1 disposition was needed in case questions arose about what precautions to take. Also, the medical  
2 records lacked documentation of what was discussed regarding Patient A's disposition, and where  
3 she was told to go for further care.

4 **FIRST CAUSE FOR DISCIPLINE**

5 (Repeated Negligent Acts)

6 15. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
7 the Code in that he was repeatedly negligent in the care and treatment of Patient A. The  
8 circumstances are as follows:

9 A. The facts and circumstances alleged in paragraphs 7 through 14 are  
10 incorporated here as if fully set forth.

11 B. Respondent was repeatedly negligent in his care and treatment of Patient A  
12 regarding his overall disposition of Patient A after Respondent correctly identified that a  
13 complication occurred and that further care was needed, as follows:

14 (1) Respondent failed to offer to transport Patient A by ambulance or EMS  
15 services to ensure that she would be attended continuously until definitive treatment was given.  
16 His failure to do so indicates that he failed to understand the gravity of the situation which was  
17 occurring.

18 (2) Respondent to adequately communicate with the U.C. Davis ER and to call  
19 ahead of time to inform them that Patient A was in transit and to inform them of the  
20 circumstances.

21 (3) Respondent failed to maintain adequate and accurate records.

22 **SECOND CAUSE FOR DISCIPLINE**

23 (Failure to Maintain Adequate and Accurate Records)

24 16. Respondent is subject to disciplinary action under Code sections 2266, in that he  
25 failed to maintain adequate and accurate records regarding his treatment and care of Patient A.  
26 The circumstances are described above in the First Cause for Discipline are incorporated as if  
27 fully set forth.

28 ///

1 **DISCIPLINE CONSIDERATIONS**

2 17. To determine the degree of discipline, if any, to be imposed on Respondent,  
3 Complainant alleges that effective on or about May 6, 2016, in a prior disciplinary action entitled  
4 *In the Matter of the Accusation Against Stephen Kao Liu, M.D.* before the Medical Board of  
5 California, in Case No. 08-2012-225965, Respondent's license was publicly reprimanded with  
6 terms and conditions for repeated acts of negligence, regarding the care provided to patients.  
7 That decision is now final and is incorporated by reference as if fully set forth.

8 **PRAYER**

9 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
10 and that following the hearing, the Medical Board of California issue a decision:

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 50939, issued  
12 to Stephen Kao Liu, M.D.;
- 13 2. Revoking, suspending or denying approval of his authority to supervise physician  
14 assistants and advance practice nurses;
- 15 3. If placed on probation, ordering him to pay the Medical Board of California the costs  
16 of probation monitoring; and,
- 17 4. Taking such other and further action as deemed necessary and proper.

18  
19  
20 DATED: December 19, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

23 *Complainant*

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